An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 059

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Misty Croft Ltd.**
Registered Capacity:	**Six young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**10th & 11th of July 2024**
Registration Status:	**Registered from the 31st of May 2023 to the 31st of May 2026**
Inspection Team:	**Mark McGuire** **Eileen Woods**
Date Report Issued:	**29th August 2024**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of a corrective and preventive actions (CAPA) review carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31st of May 2008. At the time of this CAPA review the centre was in its sixth registration and was in year 2 of the cycle. The centre was registered without attached conditions from 31st of May 2023 to 31st of May 2026.

The centre was registered to provide medium to long-term care for up to six young people. The centre was dedicated to the provision of placements for young people entering the country as separated children seeking international protection. Their model of care was described as a child-centred approach encapsulated by the acronym CHIEI (Care, Health, Integration, Education, Independence). This model prioritizes the young person's needs, following Maslow's hierarchy, where physiological and safety needs are met first (Care and Health), and belonging and esteem needs are fostered through cultural integration and educational support (Integration and Education). Independence is continuously encouraged and supported. The service was under new ownership and management since January 2024 and were redeveloping their model of care, with plans to roll this out in late 2024. At the time of this CAPA review, there were six young people residing in the centre.

1.2 Methodology

Inspectors examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 28th and 29th of March 2023. Inspectors conducted interviews via Microsoft Teams with the acting centre manager, two social care staff and the director of services. They also undertook a review of various documentation that was identified formally to the acting centre manager and requested for submission.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 1st of August 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have substantially implemented the required actions and therefore deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number 059: without attached conditions from the 31st of May 2023 to 31st of May 2026 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Issue Requiring Action:

- Centre management must ensure that there's more effective recording of discussions and decisions at team meetings and other relevant forums to ensure staff have up-to-date information when engaging with young people, particularly around issues affecting them.

Corrective & Preventive Actions:

- The recording of team meeting minutes and how they need to be reflective of the thought processes behind the decision was discussed at the team meeting on 27.4.23. Management have been recording the minutes to demonstrate to SCW's how these should be recorded going forward.
- Management will have overall oversight for checking minutes from week to week to ensure information is not lost and also that the reasons for decisions are clearly stated. Team meeting Minutes are also reviewed by the managing director (MD) weekly. This will be the process going forward.

Review Findings:

Inspectors found that while the recording of team meeting minutes had improved in some areas, feedback from the staff team indicated that this was an area requiring further development. Although some good practices were observed, notable issues remained, such as a lack of comprehensive documentation of discussions and actions. Staff informed inspectors during interviews of difficulties in tracking the rationale behind decisions, which sometimes led to confusion. An example of this was the lack of clarity around changes to pocket money distribution days, which left staff seeking clarification from colleagues who were also uncertain.

From a sample of 2023 team meeting minutes, inspectors noted that team meetings often did not result in concrete outcomes or follow-ups, and complaints were frequently noted as 'none,' suggesting inadequate follow-up and documentation of actions taken, including those aimed at rebuilding trust with young people. By 2024, there were notable improvements in the documentation of local complaints and the introduction of new policies. However, inconsistencies persisted in recording decisions, responsible persons, and follow-up actions, indicating a need for standardised documentation practices. Discussions on the model of care did not yield clear outcomes, and actions related to specific young people lacked comprehensive documentation for team learning.

Overall, inspectors noted that although there had been some improvements, gaps remained in the documentation practices within the centre. There was a persistent need for more effective recording of discussions and decisions to ensure staff have up-to-date information when engaging with young people. This is essential to maintain clarity and provide proper follow-up on matters affecting the young people in the centre. The acting centre manager and the director of services acknowledged that improvements were still required in this area. They highlighted ongoing efforts, including supplementary supervision with staff, aimed at addressing these challenges. Inspectors also observed evidence that the newly developed auditing system, introduced by the new director of services who took up post in January 2024 and had taken on oversight of the existing CAPA, was being utilised effectively. It had identified similar concerns and associated actions, which centre management were following up on at the time of inspection.

Further Actions required:

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 1.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Issue Requiring Action:

- The centre manager must schedule training in a recognised model of behaviour management for the newest staff member.
- The centre manager must refresh the centres model of care with the staff team and satisfy themselves that the staff team are fully equipped with up-to-date knowledge on how to support young people with traumatic experiences.
- Senior and centre management must finalise external auditing arrangements and ensure the appropriate recording of discussions at team meetings so staff are aware of all information required to support young people with behaviour that challenges or any issues that could influence their behaviour.

Corrective & Preventive Actions:

- Training is scheduled to take place the week of May 29th, 2023.
- This was discussed and reviewed at the team meeting on the 4th of May 2023. The team are aware that we base our care on Maslow's Hierarchy of Needs along with a trauma informed approach taking into consideration the background of our client group and how this may impact them and the care we provide to them.
- An auditing schedule has been developed for the year and the first audit of Theme 2 is currently being completed. The recording of discussions at team meeting minutes was discussed at the team meeting on the 27.4.23. Management will continue to oversee the logging of team meeting minutes to ensure all reasons for decisions made are clear.

- The centre manager will continue to oversee the training schedule for new staff and liaise with the relevant bodies around TCI training being rolled out. The process will continue to be that that SCW's will be put on the first available training slot available to them.
- A training booklet is currently being compiled to demonstrate to staff teams how our model of care works taking into consideration the YPs level of trauma previously experienced. This booklet will be completed by the end of June and will be rolled out across our 4 houses, along with new staff inductions and team meetings.
- The schedule should ensure auditing is completed on all standards throughout each year. The yearly plan of audits incorporates 8 audits, each of which have a month to complete. The MD is currently the person allocated to oversee and follow-up on the audits. Going forward all meeting minutes will record rationale for decisions made at each meeting.

Review Findings:

Inspectors found that the prompt delivery of mandatory training for staff remained an ongoing issue. Several staff members had been working for extended periods without completing core training such as Children First or Therapeutic Crisis Intervention (TCI). Two staff members had been awaiting TCI training for three and six months respectively, while another staff member, who had been in post since 2018 according to the training log, had no scheduled date for TCI training. Inspectors saw no evidence that this staff member had completed Children First training either. These three staff members had similar gaps in other core training, and no scheduled dates were provided to inspectors for addressing these gaps. These findings highlighted a deficit in planning and a lack of adherence to the centre's own policies and standards as outlined by the director of services. While inspectors acknowledged the need to fill posts to address staffing deficits, it was crucial to promptly train new starters in the core training programmes. Inspectors raised this with the director of services, who indicated that their expectation was for core training to be completed within one month after a new staff member takes up post. Previously, full-time staff had been prioritised over relief staff for core training, but the director of services clarified that this practice had been updated to ensure all staff receive timely training. Inspectors were assured that this issue will be addressed, going forward, through a dedicated staff member in the training department, responsible for tracking staff training records and ensuring that all staff receive mandatory training and refreshers on time, with senior management being notified accordingly.

Inspectors saw evidence of discussions on the centre's model of care occurring infrequently at team meetings. However, the minutes of these discussions were not recorded in detail, and the staff training booklet outlined in the CAPA response, had not been developed to outline the centre's model of care and policies for induction purposes. During interviews with inspectors, staff demonstrated a solid understanding of the current model of care; however, inspectors noted gaps in their knowledge of cultural issues and trauma-informed responses to behaviours that challenge. The introduction of a new culture and integration officer role was a notable positive, but further clarification was needed on its implementation plans. As noted previously, the service is now under new management and is transitioning from its previous model of care to better align with its revised purpose and function, moving from short-term care to medium to long-term care placements. The director of services assured inspectors that a dedicated working group had been established to enhance the model, focusing on behaviour management, cultural awareness, and trauma-informed care principles. Plans were underway to finalise this by late August, with subsequent training sessions planned for centre management and staff teams.

Inspectors found that the audit referred to in the previous CAPA response in 2023 never occurred. Inspectors were informed that initial planning and training on auditing took place following the past inspection, but these actions were not followed through by the previous director. The new director of services began auditing after taking up the post, with the first audit conducted in May 2024. They have since developed a clear and focused schedule for future audits. Inspectors observed that the risk and behaviour management audit from May 2024 identified areas for improvement regarding risk assessments and highlighted the need for refresher training for staff on behaviour management, among other areas. There is a need to embed the new auditing system and align it with the National Standards for Children's Residential Centres (HIQA, 2018), and to further develop the action plan and response system. The director of services assured inspectors that this would be embedded into practice in the coming months and had delivered a comprehensive presentation to centre management on the importance and function of auditing. Inspectors also observed the initial phases of the audit process, noting that centre management were starting to respond to and track progress on audit actions. This demonstrated promising early progress towards establishing a robust auditing framework and a commitment to continuous improvement. However, the director of services acknowledged to inspectors that the process is "live and new," adding that it will be developed further in the coming months.

Further Actions required:

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Issue Requiring Action:

- The managing director must make sure that there are sufficient numbers of staff employed in the centre to meet the young people's needs at all times and that arrangements promote a continuity of care, and young people experience stability.
- The managing director must ensure that only qualified relief staff are available to support the staff team and cover the varying types of leave.

Corrective & Preventive Actions:

- We are currently waiting on garda vetting to come back for the person identified for the vacant line, and have another person identified for the part-time line for a staff member going on maternity leave, we are in the process of garda vetting and securing required reference checks. Once these come back, we will have a full complement of staff.

- The MD will continue to ensure and verify that all staff have a minimum of a level 7 qualification during the vetting process.
- Recruiting occurs on an ongoing basis. If there is any indication of an impending staff deficit, we will discuss this as part of our workforce planning in our management meetings and plan accordingly.

Review Findings:
Inspectors identified ongoing issues concerning staffing numbers and continuity of care at the centre. During the review, inspectors examined staff rosters from the six months prior to the CAPA review and noted that forty different staff members had worked in the centre during this period, with a mix of relief and agency staff filling gaps. Staff interviewed by inspectors expressed that the high turnover and frequent rotation of staff had adversely affected both staff and young people. Young people often sought familiar staff members with whom they had established relationships. Inspectors were informed by staff that the use of agency personnel also posed challenges, with some agency staff considered unsuitable for future assignments. In response to these concerns, centre management aimed to employ regular and competent relief or agency staff members. It was also noted that the preceding month had seen some stabilisation in this issue. However, addressing staffing challenges remained crucial to ensuring consistent care for young people and promoting stability in their placements.

The director of services informed inspectors that while specific numbers of staff used in the centre during 2024 were not tracked, they acknowledged an overall issue and had introduced a tracker through a new monthly governance report that had been introduced the month prior to the CAPA review. This tracker highlighted the use of agency staff members and projected staffing issues in the centre, enabling a proactive response to staffing challenges. They also mentioned that the annual leave system was under review due to its impact on the need for regular use of relief and agency staff members. Staff concerns regarding this matter were noted by the director of services as part of their review of staffing difficulties at the centre.

The director of services informed inspectors that the acting centre manager would be transferring to a sister centre shortly after the inspection. Inspectors were advised that a brief handover period would occur with the newly appointed acting centre manager, who would receive support from the director of services through weekly visits and regular check-ins. Additionally, the new acting centre manager would maintain ongoing dialogue with their predecessor to ensure continuity of care for the young people and to receive continued support. The director of services assured

inspectors that they would provide consistent support and oversight until the centre manager's return from extended leave in January 2025.

The response to ensuring relief staff had suitable qualifications had been satisfactory, with all relief staff now fully qualified. While the centre was currently in compliance with the ACIMS regulatory notice on minimum staffing levels and qualifications in children's residential care settings (June 2023), broader issues such as consistent staffing levels, continuity of care, and staff retention and well-being require continued attention to maintain consistent, high-quality care for young people. Overall, while steps to ensure the qualifications of relief staff were positive, the centre and senior management must continue developing and implementing their strategy to address broader staffing challenges. This strategy should focus on maintaining optimal staffing levels at all times and ensuring continuity and stability in the care provided to young people.

Further actions required

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**